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## \*BIBDATASHEET\*

CONFIRMATION NO. 4755

Bib Data Sheet

<b>SERIAL NUMBER</b> 10/659,703	<b>FILING OR 371(c) DATE</b> 09/11/2003 <b>RULE</b>	<b>CLASS</b> 606	<b>GROUP ART UNIT</b> 3731	<b>ATTORNEY DOCKET NO.</b> 2558-73	
<b>APPLICANTS</b> Kester J. Batchelor, Newport, UNITED KINGDOM; Julian M. Ebbutt, Cardiff, UNITED KINGDOM;					
<b>** CONTINUING DATA *****</b> This application is a CON of 10/139,638 05/07/2002 which claims benefit of 60/305,097 07/16/2001					
<b>** FOREIGN APPLICATIONS *****</b> UNITED KINGDOM 0111463.6 05/10/2001					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 12/03/2003</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged _____ Examiner's Signature Initials		<b>STATE OR COUNTRY</b> UNITED KINGDOM	<b>SHEETS DRAWING</b> 3	<b>TOTAL CLAIMS</b> 20	<b>INDEPENDENT CLAIMS</b> 1
<b>ADDRESS</b> 23117					
<b>TITLE</b> Surgical instrument					
<b>FILING FEE RECEIVED</b> 900	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		